2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004
Secretary of State

DOCUMENT# L02000033560

Entity Name: SOUTHEASTERN LAND GROUP, L.L.C.

Current Principal Place of Business:

32815 US HWY 19 NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

32815 US HWY 19 NORTH
32801 U.S. HIGHWAY 19 NORTH, SUITE 100
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 42-1555102 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SORENSEN, HENRY T
32815 US HWY 19 NORTH
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: WEHLAU, CHERYL
Address: 4942 FELICITY WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: MGRM ( ) Delete
Name: WEHLAU, JOHN
Address: 4942 FELICITY WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: MGRM ( ) Delete
Name: SORENSEN, HENRY T II
Address: 10610 WEYBRIDGE DRIVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HENRY T. SORENSEN II MGRM 02/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date